

## FROM THE OFFICE OF THE DIRECTOR **A YEAR AT A GLANCE**

by Oscar Morgan



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In this issue we will summarize some of the activities of the Public Mental Health System (PMHS) over the past year. Yes, more than one full year has elapsed since the inception of the PMHS. We are not only weathering the storm of change, but through the dedication and talent of so many we have managed, in most situations, to stay one step ahead. We continue to meet the challenges that confront the system, both expected and unexpected. The PMHS is becoming a model system -- one that is efficient, responsive, and consumer-focused.

The system continues to proceed on its journey toward cultural competence in order to assure a continuum of services that are not only clinically appropriate but are both ethnically and culturally sensitive. We are proud that we now have providers representing a variety of cultures and ethnic groups, and we are still recruiting.

Communication is key to any system which is to be reflective of consumer-choice and accessibility. The Mental Hygiene

Administration (MHA) remains committed to keeping the lines of communication open. The PMHS training video for primary care providers, which includes how to access the PMHS and information about mental health screenings, has been released to managed care organizations for distribution. Development of yet another video is now in the planning stage. It will focus on accessing services for children and adolescents.

Indeed, the year has been a very busy one for all. Much appreciation is extended to providers, MHA staff, Core Service Agencies, the staff of Maryland Health Partners (MHP), and to the various advisory committees whose determination to provide quality has enabled us to accomplish many of our goals. Yet, there is still much more to be done. For example, we have recently submitted a 1915C Waiver for children and adolescents. (See page 3.) Upon approval from the Health Care Financing Administration (HCFA), Medicaid funding will be made available to divert children, who are above the 200% poverty line, from residential treatment centers (RTCs.) Also, working

collaboratively with the Medical Assistance Policy Administration, MHA is developing a new service line for individuals with Traumatic Brain Injury. This will be completely separate from the PMHS with new funding streams and regulations. On the horizon are several new workshops entitled "What Do Consumers Really Want;" these will provide a forum for ensuring that the services the PMHS provides are the services consumers truly want. MHA in conjunction with MHP is in the process of reformatting and introducing a new claims payment system, which will help alleviate many of the issues related to claims payments. We have recently updated the Provider Manual and reformatted it to make it more user-friendly. We are in the process of looking at regulations and other systems design issues with an eye toward eliminating processes which may be unnecessarily burdensome. Monthly updates related to what's new in the PMHS will be placed on the PMHS's Internet under the auspices of MHP's website at MDHP.com. You will be able to find

*Continued*

## **A YEAR AT A GLANCE** *Continued*

information related to claims payments and authorizations, as well as other friendly tips all geared toward helping improve the PMHS.

And finally, in accordance with the General Assembly's Budget Amendment language, MHA is assessing inpatient health service needs with the intent to continue its facility downsizing and expansion of community services. MHA's revamping of the system of the hospitals also entails reviewing and streamlining all administrative processes. This will require our taking the first step of our operating as an integrated system of care rather than operating in the former mode of independent facilities working within the system. To further our successes in developing and providing high quality services that consumers really want, we now must fully engage ourselves in this transformation.

What's next? Well, more work, more challenges, and more professional rewards. We will continue to preserve systems accountability, accessibility, consumer-choice, and cultural competency. The year ahead provides much promise. ■

## **OCTOBER -- YOUTH SUICIDE PREVENTION MONTH**

**The 10<sup>th</sup> Annual Youth Suicide Conference** was held on October 15<sup>th</sup>, marking a decade of prevention, intervention and postvention strategies in saving a young person's life. The keynote speaker, Mr. Kent Amos, was well received in his presentation of, "*A Seamless Web of Care for Youth.*"

## **DHMH HOLDS FIRST ANNUAL TALENT/GONG SHOW**

As one of many activities for observing National Depression Screening Day, DHMH co-sponsored depression screenings, health related workshops, and a talent/gong show on October 8th in a collaborative effort to build community spirit. With 20+ participants and over 300 attendees, the program was a success. Much appreciation goes to the participants, the celebrity judges and program coordinators. A special note of thanks goes to the Master of Ceremonies, Koli Tengella, for his inspirational words and comedic talents. Winners of the talent/gong show were: 1<sup>st</sup> prize: Katherine Starling, 2<sup>nd</sup> prize: Karon Johnson, and 3<sup>rd</sup> prize: Rose Hill. ■

## **PUBLIC MENTAL HEALTH SYSTEM AT A GLANCE**

### **PUBLIC MENTAL HEALTH SYSTEM OVERVIEW** Population Served by Age

	<i>Full Year FY 1998</i>	<i>7/1/98 to 10/23/98</i>
Adolescent	10,412	7,540
Adult	43,535	33,226
Child	20,439	15,648
Geriatric	1,910	995
<b>Total</b>	<b>76,296</b>	<b>57,409</b>

### **PUBLIC MENTAL HEALTH SYSTEM OVERVIEW** Client Mix -- (Total Population)

	<i>Full Year FY 1998</i>	<i>7/1/98 to 10/23/98</i>
Medicaid Waiver	50,018	39,468
Medicaid Non-Waiver	4,038	2,439
Gray Zone	22,240	15,502
<b>Total</b>	<b>76,296</b>	<b>57,409</b>

### **PUBLIC MENTAL HEALTH SYSTEM OVERVIEW** Client Mix - (Child & Adolescent Specific)

	<i>Full Year FY 1998</i>	<i>7/1/98 to 10/23/98</i>
Medicaid Waiver	24,451	19,156
Medicaid Non-Waiver	2,092	1,413
Gray Zone	4,308	2,619
<b>Total</b>	<b>30,851</b>	<b>23,188</b>

## **PROVIDER AGREEMENTS**

The Mental Hygiene Administration would like to take this opportunity to thank all providers which have completed and returned the provider agreement. For those providers that have not completed the agreement, please do so immediately. If your provider agreement is not on file by January 15, 1999, MHA may have to discontinue your participation in the Public Mental Health System. The provider agreement is a requirement of the Health Care Financing Administration. During the previous year, implementation of this requirement was delayed; however, this no longer can be done. If you have questions regarding your provider agreement, please contact your CSA.

## **MHA'S DEPUTY DIRECTOR APPOINTED**

The Mental Hygiene Administration (MHA) appoints Assistant Director of Health Systems Management, Mr. Tim Santoni, MHA's Deputy Director. Mr. Santoni has been a State employee for over 28 years, 14 of which were with MHA in various roles, including Director of Office of Finance and Data Systems and Division Chief of Management Information Systems. A key architect of the Public Mental Health System (PMHS), and well versed on both programmatic and administrative issues, Mr. Santoni continues to be an effective manager and leader, and well qualified for his current position as MHA's Deputy Director.

He is a graduate of La Salle and Loyola Colleges and has a Masters degree in Psychology. His appointment became effective, November 4, 1998. ■

## **MHA HOSTS FEDERAL BLOCK GRANT SITE VISIT**

The Federal Center for Mental Health Services (CMHS) conducted a Block Grant Site Visit during the summer. An overview of the Maryland's Public Mental Health System and block grant performance was presented. Individual programs providing children's services, adult rehabilitation services and crisis intervention services that were visited by the review team won compliments for being some of the best examples of innovative programs and outstanding leadership that they had seen. The final written report on the site visit is expected in several months. ■

## **FREQUENTLY ASKED QUESTIONS about the Public Mental Health System:**

1. How is urgent care defined?  
Urgent care is defined in Chapter 5 of the Provider Manual, Section 5.19. Urgent care includes services delivered to prevent psychiatric crisis, emergencies, and/or hospitalizations. Care is expected to be delivered within several hours of the individual presenting a need.
2. When will the electronic transfer of funds be available?  
MHP is developing a new main frame claim system. The electronic transfer of funds will be evaluated once the new claims system is in place. (Currently, scheduled for February, 1999.)
3. Is 90862 an interchangeable block code?  
Yes, 90862 is an interchangeable block code.
4. How can I ensure that MHP has received all my Authorization Plans?  
You can use the "Authorization Plan Cover Page" found in the Provider Manual on page 17.32.0. ■

## **1915C WAIVER**

*Dr. Albert Zachik*

The Mental Hygiene Administration and the Medical Care Policy Administration have jointly submitted a Section 1915(c) Home and Community Based Waiver to the federal government to further improve services to youth with serious emotional disturbances. The waiver, if approved by the Federal Health Care Financing Administration (HCFA), would be effective early 1999. This waiver will allow children and adolescents ages 5 to 17 who are placed in a Residential Treatment Center (RTC) or who are in the hospital and approved for placement in a RTC to be diverted into a wide array of community-based mental health services. The waiver will extend Medicaid coverage to community mental health services for those children and adolescents who become Medicaid eligible due to their placement in RTCs and who were not previously community Medicaid eligible. Children and adolescents, once eligible for the waiver prior to age 18, may remain in the waiver through age 21 if they continue to meet waiver criteria.

All children and adolescents in the waiver must meet Medical Necessity Criteria for the residential treatment level of care to continue to receive Medicaid. Waiver recipients will be eligible for two services, specialized case management and respite care, as well as all of the existing mental health services available for Medicaid recipients in the Public Mental Health System and Health Choice.

The 1915(c) Waiver was developed and will be implemented in collaboration with the Department of Education. An amendment to the waiver is planned for 1999 to expand waiver eligibility to children and adolescents placed in Intensity 5 Non-Public School Programs who meet Medical Necessity Criteria for residential treatment but can be diverted to community-based services. The details of this additional population of youth are being worked on with the Department of Education. We'll keep you updated. ■

## MARK YOUR CALENDARS:

- 12/7/98 7:30 AM to 1:00 PM conference, "**Caring for the Mental Health Needs of Older Americans**" at the Conference Center at Sheppard Pratt. For more information call (410) 235-1178.
- 12/9 & 10/98 10:00 to 5:00 PM **Maryland Technology Showcase**, held at the Baltimore Convention Center. For more information, contact David Carney at (410) 767-6830.
- 12/31/98 **First Night Annapolis -- Maryland's Celebration of the Arts** (Festival that includes nearly 400 musicians, actors, dancers and performers and other entertainment.) For info. contact: Erika McGrew (410) 268-8553.
- 3/16/99 **Cultural Fest** at Maritime Institute. Call 410-767-6612 for more information.
- 3/19/99 **DHMH's Early Bird Spring Fest** in the Lobby of 201 W. Preston Street in Baltimore. (Health-related informational tables, workshops, and entertainment). For more information or if you want a table, call (410) 767-6629.
- 4/16/99 **NAMI-MD** State-wide Meeting
- 5/8/99 **Mental Health Month Kick-Off** and One-Mile Walk at White Marsh. For more information, call (410) 767-6629.
- 5/13 & 5/14/99 Mental Hygiene Administration's Annual Conference, entitled "**Prevention Through the Life Cycle**" being held at the Towson Sheraton. Watch your mail for upcoming details.
- 6/12/99 **NAMI-MD Annual Conference**
- 7/7 -7/9/99 **1999 Child Welfare League of America (CWLA) Mid-Atlantic and New England Regions Training Conference** at the Marriott in Brooklyn, New York. Theme "Messages for the Millennium: Responding to the Many Voices of Change". For more information contact: CWLA at (202) 638-2952.

## Provider Problem Resolution

The Mental Hygiene Administration (MHA) has asked the Core Service Agencies (CSA) to identify providers who continue to experience claims difficulties. The CSA should contact the provider and obtain a sample of fifteen to twenty problem claims that the provider identifies as typical of the types of problems which are being encountered. The CSA should review the issues and the claims with the provider. Additionally, the provider should assure that the MedLink Payor Report is being checked for any claims which are said to have been lost. Sample claims not affected by these considerations should be sent to Maryland Health Partners (MHP).

MHP will investigate the claims, check specific authorization issues if necessary, and return the results to the CSA to share with the provider. These steps should assist all concerned in assuring that any provider specific claims processing issues are addressed. CSA directors are asked to target those programs that consistently request prepayment of claims, this should reduce the number of prepayments which will have to be made.

For clarification or more information, call your respective CSA. MHA appreciates everyone's continuing cooperation in this and other matters. ■

## CONGRATULATIONS TO:

**Paula Langmead**, CEO of Springfield Hospital Center, 1998 inductee to Carroll County's Women's Hall of Fame. She was inducted by the Soroptimist International Society of Westminster and Carroll Community College.

**Dr. Sherrill Cheeks**, Clinical Director of Springfield Hospital Center and **Mr. Henry Westray**, MHA's Youth Suicide Prevention Coordinator, recipients of the Public Health's Hero Award, presented at the DHMH Public Health Week Celebration. Mr. Westray was also honored with a Cameo Award from the Baltimore Cable Access Corporation for his cable television show "Poetic Rhythms."

**Dr. William T. Carpenter**, Professor of Psychiatry at the University of Maryland, Baltimore (UMB) and Director of the Maryland Psychiatric Research Center (MPRC); and **Dr. Carol A. Tamminga**, Professor of Psychiatry at UMB and Deputy Director of the MPRC, for being elected to membership in the Institute of Medicine of the National Academy of Sciences, effective October 1st, 1998. Members are elected on the basis of professional achievement and demonstration of interest, concern, and involvement with problems and critical issues which affect the health of the public.

**The Maryland Psychiatric Research Center** for being chosen as the site of a federally funded Specialized Mental Health Intervention Research Center. This is one of three centers funded nationwide by the National Institute of Mental Health to focus on schizophrenia. MPRC is to receive \$5.4 million over the next 5 years. ■

## CONSUMER and PROVIDER SURVEYS

*Karen Anderson-Oliver, Ph.D.  
and Sharon Ohlhaber*

In order to meet the requirements of the evaluation services contract with the Mental Hygiene Administration (MHA), Maryland Health Partners (MHP) contracted with R.O. W. Sciences, Inc. for a Statewide telephone survey of consumers, which has been completed. A total of 1,349 surveys were done (864 adults; 485 families of children and adolescents). Of those in the sample who were reached, the adult survey response rate was 59%, while the family response rate was 75%. These surveys have been done to assess consumer outcomes and satisfaction with mental health services received through the Public Mental Health System (PMHS). In addition, information on areas such as housing, employment, and ethnicity were collected. It is expected that a report regarding the results of this survey will be submitted to MHA by November, 1998.

R.O.W. Sciences staff are also conducting in-person interviews with adults and with families of children and adolescents. These surveys assess health status, symptoms, and functioning (HSSF), as well as outcomes and satisfaction with mental health services received through the PMHS among two groups of consumers: 1) adults with serious mental illness, and 2) children and adolescents with serious emotional disturbances. For children and adolescents below age 16, parents or care givers are being interviewed. Results of the in-person interviews are anticipated to be complete by December, 1998.

A provider survey is also underway. These surveys have been mailed to 100% of providers registered with MHP as providers in the PMHS. Results of this survey are anticipated in early 1999.

All of the information obtained in these surveys will be used to shape the system and continue quality improvement interventions, as well as to improve the design, mix and funding of services that meet the special needs of consumers of the PMHS.

A summary of the findings of the consumer survey will be presented in the next *Linkage*. ■

## TRIBUTE TO HIGHLAND HEALTH FACILITY

Highland Health has formally closed. The Mental Hygiene Administration would like to formally acknowledge the staff of Highland Health Facility for their dedication to service, their commitment to quality and their fortitude to accept and embrace so many changes within the health care industry. The community, the Administration and the Department will remain forever grateful to Highland Health Facility for their 26 years of dedicated service.

## AN EMERGING RESOURCE... CLAS needs you!

The CLAS Institute (Culturally and Linguistically Appropriate Services) seeks early childhood special education materials to compile a practical, user-friendly resource bank. This growing collection will span cultural and linguistic backgrounds and contain both English and translated materials. Funded by the U.S. Department of Education, CLAS is collecting print-based, video, audiotape, and multimedia materials. The materials will be in such areas as behavior management, IFSP/IEPs, second language acquisition, deaf/blind, and transition. The resources will be available nationwide both in print and on the Internet; website <http://clas.uiuc.edu>.

PLEASE SEND CLAS YOUR FORMAL AND HOME-GROWN... staff training materials, information packets and parent brochures, child educational materials, child and family assessment tools and resource or curriculum materials; address: The Council for Exceptional Children, attention: Harriet Gray, Acquisitions Coordinator, 1920 Association Drive, Reston, VA 20191-1589 or call (703) 264-9488. ■

The Mental Hygiene Administration is in the process of producing a training video, which focuses on the experiences of victims of sexual exploitation and/or boundary violations by healthcare providers or members of the clergy. The primary purpose of the video will be for pre-professional education of healthcare providers, as well as for the continuing education of current providers and clergy members. If you have experienced inappropriate sexual behavior and/or boundary violations on the part of either a healthcare provider or clergy member, and you would be interested in being interviewed as part of this important training video, we would like to hear from you. Please contact Tom Godwin or Wendy Baysmore at (410) 767-6612.

## MHA RECEIVES CMHS GRANTS

*Betty Russell*

The Mental Hygiene Administration's Division of Special Populations has received a grant from the Substance Abuse Mental Health Administration (SAMHSA) of the United States Department of Health and Human Services. The grant, which is a State, County, University team, will provide funding for treatment and education in detention centers in Calvert, Dorchester and Frederick Counties. Women who have been victims of violence at any time in their lives, who have mental illness and substance abuse disorders and who are in the criminal justice system will be served.

The TAMAR Project (Trauma, Addictions, Mental Health and Recovery) includes several components: a formal interagency agreement linking local services organizations; regular interagency meetings among front line staff;

formal training and education on trauma issues for mental health, substance abuse, correctional, social services and parole and probation staff; intensive case management both in the detention center and in the community; a State director of trauma services in the Division of Special Populations; a State clinician to supervise; connection to specialized services for women and their children and the development of peer support groups.

The grant also includes evaluation of the project. The Center for Mental Health Services Research, University of Maryland at Baltimore, will be the lead evaluator. Phase One of the grant is funded for two years. At that time the Division of Special Populations will apply for Phase Two which will place greater emphasis on the evaluative portion of the project while also continue funding for the programmatic aspects. The first year funding for the TAMAR Project is \$569,715.

MHA's Division of Specific Populations also received a \$1.5 million grant from the SAMHSA to provide a prebooking diversion program for women with co-occurring disorders

in Wicomico County. The grant will provide funds to enhance existing services in the county and to evaluate the success of the program. The Phoenix Project (as it has been named) will utilize the mobile crisis unit in Wicomico County to divert women into crisis beds and transitional housing with a full array of services, including for their children. Services include mental health and substance abuse treatment, vocational training, day care and access to Shelter Plus Care Housing for those women who may be homeless.

Jack Scott, Sc.D., of the Center for Mental Health Research Services at the University of Maryland at Baltimore will conduct the research component of the grant. Wicomico County will be one of nine study sites in the United States. Joan Gillece, Ph.D., Assistant Director for Specific Populations, has been selected by SAMHSA to chair the national committee that will oversee the various diversion projects. The grant offers a unique and creative program to merge the services of various agencies to better serve this population. ■

**Note from Editor:** Deadline for submission of articles for next issue of **Linkage** is **December 14, 1998.**

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